



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E413068**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00855
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	03
OBJECT STRUCK	

DATE OF COLLISION	04 - 01 - 2015	TIME (2400)	1637	COUNTY #	31	MILES		N	E	IN	OF	0664
								S	W			

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

20TH ST SE BLOCK NO. ☒ 7400

MILE POST ☐

DISTANCE 150 00 MILES ☒ N ☐ E ☐ S ☒ W ☐

OF (REFERENCE OR CROSS STREET) CAVELERO RD

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4255510871

LAST NAME SWENSON FIRST NAME KEITH MIDDLE INITIAL A

STREET NEW ADDRESS 430 81ST AVE SE

CITY LAKE STEVENS ST WA ZIP 982583129

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # SWENSKA123Q7 STATE WA SEX M D.O.B. MMDDYYYY 11 - 27 - 1988

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # ATC3034 STATE WA VIN# KNDMB233376179090

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2007 MAKE KIA MODEL SEDON STYLE SV VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. KEITH SWENSON 430 81ST AVE SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # VERN FONK 5823350 CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 2067994317

LAST NAME BORKOWSKI FIRST NAME JASON MIDDLE INITIAL D

STREET NEW ADDRESS 8927 NE 142ND WAY

CITY KIRKLAND ST WA ZIP 980345079

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # BORKOJD174LZ STATE WA SEX M D.O.B. MMDDYYYY 06 - 09 - 1983

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # B70723Z STATE WA VIN# 4F4YR46U23TM07709

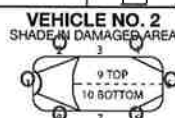
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2003 MAKE MAZD MODEL PU STYLE 4C VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. JASON BORKOWSKI 11619 21ST PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # ALLIED INSURANCE PPCM 0048448560 CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐



OFFICER'S NAME (PRINT) CHAD CHRISTENSEN BADGE OR ID # 075 AGENCY WA0311900

PAGE 01 OF 4



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E413068

CASE #

15-00855

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1, Unit 2 and Unit 3 were all traveling eastbound in the 7800 20th St SE. Unit 3 and Unit 2 were slowing for traffic when Unit 1 rear-ended Unit 2 pushing Unit 2 into Unit 3's rear-end. All vehicle were driven from the scene and there were no reported injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

04-02-15 04:37 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

4/2/2015 11:23:51 PM

BADGE OR ID #	075	ORI #	WA0311900	TIME POLICE DISPATCHED	4:37 PM	TIME POLICE ARRIVED	4:38 PM
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SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E413068**

CASE # **15-00855**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4258798937

LAST NAME

SUSZKO

FIRST NAME

CHRISTOPHER

MIDDLE INITIAL

M

STREET NEW ADDRESS

525 130TH CT NE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

23 461 903

STATE

PA

SEX

U

D.O.B. MMDDYYYY

11

-

15

-

1974

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

ASA9888

STATE

WA

VIN#

3N1AB7APXDL779521

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2013

MAKE

NISS

MODEL

SEN4D

STYLE

4D

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOV'T VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. CHRISTOPHER SUSZKO 525 130TH CT NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒

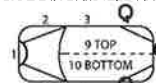
INSURANCE CO & POLICY # USAA 01790 00 41U

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOV'T VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

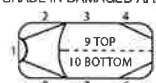
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

04-02-15 04:37 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

075

ORI #

WA0311900

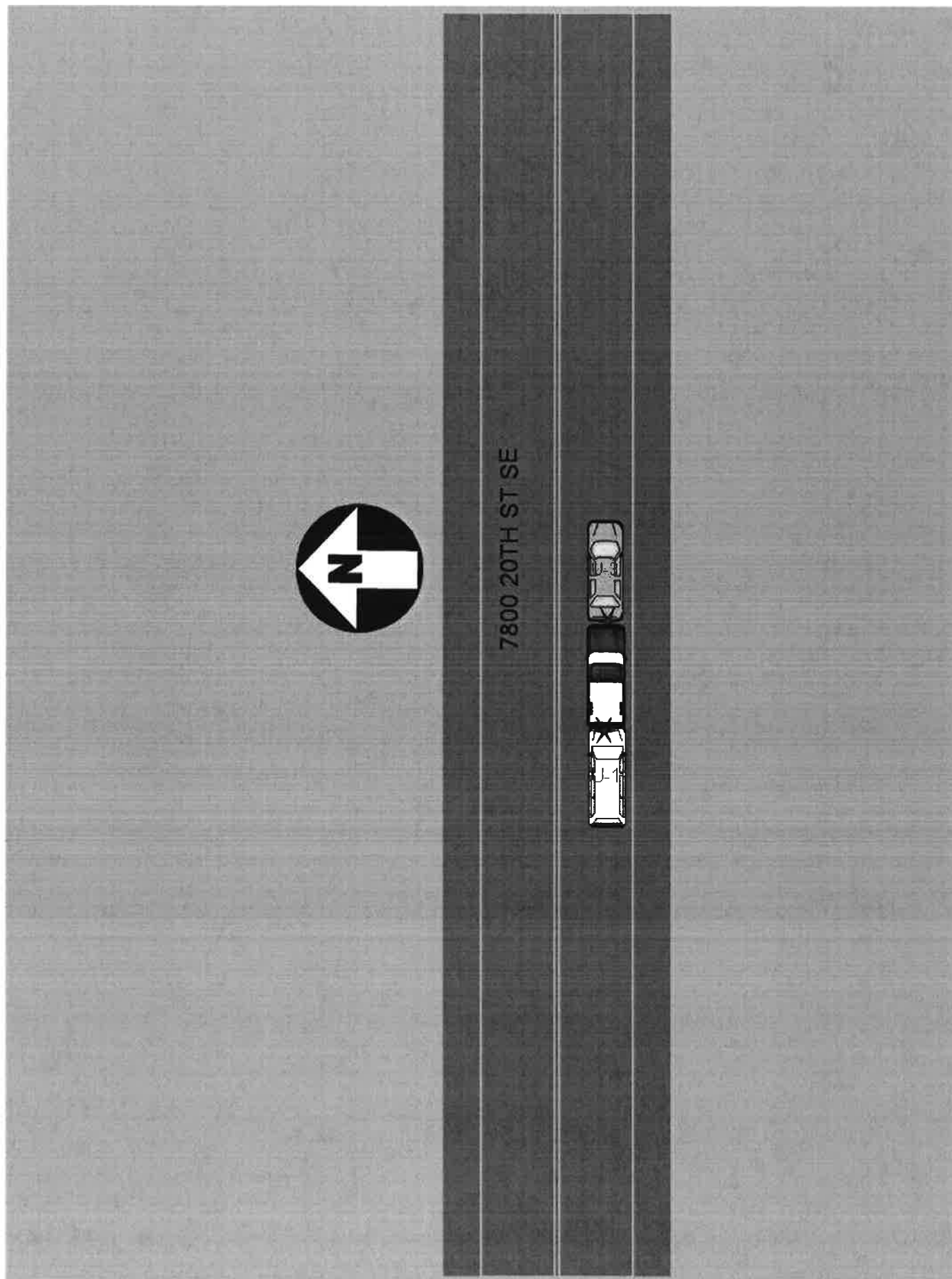
APPROVED BY MINER

DATE

4/2/2015

PAGE 3


OF 4



VICTIM/WITNESS STATEMENT

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Borkowski, Jason David	RACE white	ETH Polish	SEX M	DOB 06-09-1983	AGE 31	HGT 74	WGT 180	HAIR dark	EYES blue
STREET ADDRESS 11619 21st pl se		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS owner			
HOME PHONE 206-799-4317		CELL PHONE 206-799-4317			PLACE OF EMPLOYMENT ALL NEW GLASS					
WORK PHONE 206-799-4317		EMAIL ADDRESS jasonborkowski@rocketmail.com								

I was driving and got rear-ended and pushed into the car in front of me.

SIGNATURE: 	DATE SIGNED 4-1-15	LOCATION SIGNED 20th st se + Cavabro rd
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

PAGE **OF**

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00855



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Swenson Keith August	RACE W	ETH	SEX M	DOB 11/27/1988	AGE 26	HGT 6'1"	WGT 185	HAIR Brown	EYES Blue
STREET ADDRESS 430 81st Ave SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-335-0973		CELL PHONE 425-551-0871		PLACE OF EMPLOYMENT Judd + Black						
WORK PHONE		EMAIL ADDRESS								

I, Keith Swenson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving on 20th St going East traffic had come to a stop went to take off and when traffic came to a stop again I ran into the back of a Mazda truck

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 4/1/15	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

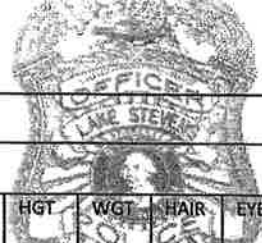
"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) SUSZKO, CHRIS	RACE	ETH	SEX M	DOB 15 NOV 74	AGE 40	HGT	WGT	HAIR	EYES	
STREET ADDRESS 525 130th CT NE		CITY LAKE STEVENS			STATE WA		ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE 425 879 8938			PLACE OF EMPLOYMENT US NAVY						
WORK PHONE		EMAIL ADDRESS ChrisUSZKO@yahoo.com									

I, CHRIS SUSZKO, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

(AND CAVALERO)

I WAS TRAVELING ON 20th ST HEADING INTO LAKE STEVENS. I WAS STOPPED IN TRAFFIC. WHEN I WAS ABLE TO PROCEED I STARTED MOVING FORWARD. SHORTLY AFTERWARDS I HEARD A CRUNCHING SOUND AND CHECKED MY REARVIEW MIRROR. THE CAR BEHIND ME WAS REARGENDED BY THE CAR BEHIND HIM. I WAS THEN REARGENDED BY THE CAR BEHIND ME. I ~~WAS~~ ^{WAS} NOT TRAVELING AT A HIGH RATE OF SPEED (MAYBE 5 OR 10 MPH). I WAS KNOCKED UP OUT OF MY SEAT AND MY HEAD WENT BACK.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE 	DATE SIGNED 01 APR 15	LOCATION SIGNED 20th ST AND CAVALERO
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

Incident History for: #SS15006243

Case Numbers: \$SS15000855

Entered 04/01/15 16:37:30 BY SPCT03 SP0395
Dispatched 04/01/15 16:37:39 BY SPDP17 SP0377
Enroute 04/01/15 16:37:39
Onscene 04/01/15 16:38:16
Closed 04/01/15 17:06:48

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1317 Map Page: 397C-4 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/CAVALERO RD , LKS (V)

Loc Info:

Name: SUSZKO, CHRIS

Addr:

Phone: 4258798937

/1637 (SP0395) ENTRY , CC, NOW, 6 VEH COL, NON INJ, NON BLKING
/1637 (SP0377) DISPER 19D3 #SS75 CHRISTENSEN, OFCR (CHAD)
/1638 ASSTER 19D1 #SS112 WARBIS, OFFICER (STEVE)
/1638 (SS75) *ONSCNE 19D3
/1638 (SP0395) SUPP TXT: ALL VEH'S PULLED OVER ON CAVALERO
/1639 SUPP TXT: RP NOW STATING ALL VEH'S PULLED OVER ON 20
ST WO CAVALERO
/1639 SUPP NAM: SUSZKO, CHRIS,
PHO: 4258798937
/1645 (SP0377) ASNCAS 19D3 \$SS15000855
/1645 ONSCNE 19D1
/1651 MISC 19D1 , ADV WILL TAKE SOON
/1653 CLEAR 19D1
/1706 CLEAR 19D3 D/H
/1706 CLOSE 19D3